MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/537760	22 MAY 2006

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/				51		⓪		/		
2		1		/			52		⓪		/		
3		②		/			53		①				
4		⓪		/			54						
5		⓪		/			55						
6		⓪		/			56						
7		⓪		/			57						
8		⓪		/			58						
9		⓪		/			59						
10		⓪		/			60						
11		①					61						
12	/		/				62						
13		/		/			63						
14		②		/			64						
15		⓪		/			65						
16		⓪		/			66						
17		⓪		/			67						
18		⓪		/			68						
19		⓪		/			69						
20		⓪		/			70						
21		⓪		/			71						
22		①		/			72						
23	/		/				73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28	/		/				78						
29		/		/			79						
30				/			80						
31		/		/			81						
32		⓪		/			82						
33		⓪		/			83						
34		⓪		/			84						
35	/		/				85						
36	/						86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40	/		/				90						
41	/						91						
42		/		/			92						
43		③		/			93						
44		③		/			94						
45		⓪		/			95						
46		⓪		/			96						
47		⓪		/			97						
48		⓪		/			98						
49		⓪		/			99						
50		⓪		/			100						

	AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT
TOTAL IND.	8	8		TOTAL IND.			
TOTAL DEP.	67	45		TOTAL DEP.			
TOTAL CLAIMS	75	53		TOTAL CLAIMS			